PROVIDER SERVICE SUMMARY					
PROVIDER INFORMATION					
Name of Provider: Gideon Elementary School					
Mailing Address:	City:	Sta		Zip Code:	
PO Box 227 Phone Number:	Gideon Fax Number:			63848	
573-448-3447	573-448-5135	573-448-5135			
PRIMARY CONTACT INFORMATION Name: Phone Number:					
David F. Hollingshead	573-448-3				
E-Mail Address					
dholling@gideon.k12.mo.us SERVICES					
Provider status:					
For-profit organization		School District School District			
Non-profit organization		☐ Individual			
Faith-based organization		U Other:			
Areas to be served by provider: All school districts in Missouri					
Specific districts or counties. Please list: Dunklin and New Madrid County					
Number of sessions per week: 3					
Cost per session: \$15 (group) \$35.00 individual					
Proposed location of service delivery:					
Student's school site					
☐ Provider site ☐ Other:					
If service delivery is not at the student's school, is transportation provided? If so, is there a					
separate fee? (Note: Districts are not required to provide or pay for transportation). No transportation is provided					
Certification of instructors:					
☑ Baccalaureate degree in education☑ Baccalaureate degree in related field of instruction. Please list related field(s):					
Reading Specialist					
Other:					
Additional education and/or experience:					
Masters level degrees or above in either reading or mathematics					
 ✓ Missouri teacher certificated/licensed teachers ✓ Experience teaching students with specific disabilities 					
Experience teaching students with specific disabilities Experience teaching LEP students					
Ability to speak languages other than English. Please list:					
Tutoring subjects available:	l —	vels Served		₩ 0.40	
Reading Writing Math K-2 3-5 6-8 9-12 Title of tutoring curriculum utilized: Failure Free Reading					
Time of Service: Before School			Delivery	/ :	
After School		☑ Individual Tutoring☑ Small Group Instruction			
Weekends		e/Web-based	0		
Summer	Other:				
☐ Other:					
Specifics of reporting to parents & school (check all that apply):					
Method:	Frequenc				
	⊠ weekly	⊠ weekly			
phone calls		bi-monthly			
conference with parents		☐ monthly ☐ other:			
☐ conference with parents & school ☐ other: ☐ other: Assessment Results					